City of Burien, Washington



400 SW 152nd St., Suite 300 Burien, WA 98166

Phone (206) 241-4647 Fax (206) 248-5539

Employment Application

The City of Burien is an Equal Opportunity Employer. All employment practices shall be applied without regard to any individual's sex, race, color, creed, religion, national origin, pregnancy, age, marital status, honorably discharged veteran or military status, sexual orientation, genetic information, disability or any other basis prohibited by local, state or federal law.

POSITION APPLIED FO	R					
Thank you for your interest in the City of	of Burie	n as an employer. Only fi	nal candidates for posted	openings will b	pe contacted personally by the City	
GENERAL INFORMATION	N					
Name (last, first, middle initial)						
Street Address		City, State, Zip				
Phone No.		E-mail Address				
Are you eligible to work in the Uni		ates? Proof of authoriza	ation will be required u	pon hire.		
Can you perform the essential fur	octions	of the job with or witho	out accommodation?	□ Y	es 🔲 No	
Do you have any relatives current	ly emp	loyed by the City of Bu	rien?	□ Y	res	
If yes, name:			Relations	ship:		
How did you hear about the positi Friend or relativeNewspaper ad Which?AWC JobNet	on for	Ci Ci	? (Check one) ty employee ty website ther Please specify_			
Do you have a valid Washington	State D	river's License?	Yes 🛮 No 🗬	Valid license	e from other State	
If position applied for involves driv				n or paid a fi	ne for any traffic violation	
within the past three (3) years?					es not involve driving.	
Have you been convicted of a felo you from employment. Each case If yes , explain:						
TRAINING AND EDUCA	TION					
Circle the highest grade complete	d:	8 9	10 1	1 12	GED	
Colleges/Other Training		Subject/Major	Degree/certificat	tes	Date Completed	
ADDITIONAL SKILLS D	escrib	e skills relevant to the	e job for which you ar	e applying a	nd your level of expertise.	
SKILL Office equipment, computers,	TYP	E OF EXPERIENCE		<u> </u>	EVEL OF EXPERTISE	
software (typing speed, programs, etc.)						
Technical skills						
Professional licenses						
Heavy equipment, machinery						
Other						
PROFESSIONAL REFER				the supervis	ors listed in the employment	
Name		ationship	on or mande.	F	Phone	

EMPLOYMENT HISTORY					
Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment, U.S. Military Service, and any non-paid experience related to the job for which you are applying. Attach separate sheets if necessary. Resumes may be attached but will not be accepted as a substitute for completing this section.					
Employer		Employed from		То	
Address		•			
Supervisor's name & title	Supervisor's phone				
Position			Last salary		
Primary duties	May we contact this ample	vor?			
Hours worked/week	May we contact this emplo	yer?			
Reason for leaving					
Employer		Employed from		То	
Address Supervisor's name & title			Supervisor's phone		
Position			Last salary		
Primary duties			Last Salary		
Hours worked/week	May we contact this emplo	vor?			
Reason for leaving	I way we contact this emplo	yei:			
-		,		_	
Employer		Employed from		То	
Address Supervisor's name & title		Supe	rvisor's		
<u> </u>	phone				
Position		Last salary			
Primary duties					
Hours worked/week	May we contact this emplo	yer?			
Reason for leaving					
Employer		Employed from		То	
Address					
Supervisor's name & title		Supe phone	rvisor's e		
Position		Lasts	salary		
Primary duties					
Hours worked/week	May we contact this emplo	yer?			
Reason for leaving					
t is understood and agreed that the fo application will be grounds for elimination					

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the City of Burien, for dismissal. I authorize the City of Burien to solicit information regarding my character, general reputation, criminal record, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release the City of Burien from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is "at-will", which means that either the City or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than the City Manager, has any authority to alter the foregoing.

Applicant's signature	Date	
Applicant's signature_	_ Dale	

In order to ensure equal employment opportunities, the City of Burien requests your voluntary cooperation in completing the following questions. Your answers will be treated as confidential and will not be considered part of your application. A copy of the City of Burien's EEOP short form is available for review upon request.

5	Sex?
	Female Male I do not wish to disclose
E	Ethnic Group?
	American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or More Races I do not wish to disclose
,	Are you an individual with a disability?
	Yes No I do not wish to disclose